



Kansas Prescription Monitoring Program

Kansas Board of Pharmacy
800 SW Jackson, Room 1414
Topeka, KS 66612
Telephone: (785) 296-4056
Fax: (785) 296-8420

REQUEST FOR AN EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name not initials.		
Name of Dispenser (Pharmacy) or Prescriber	KS Permit Number (Pharmacy or DEA Number(Prescriber))	
Street Address	City	
State	Zip Code	Area Code and Telephone Number
Name of PIC (Pharmacy only)	Email Address	
Signature:	Date:	

Reason for request of exemption from reporting: (Check all that apply below)
<input type="checkbox"/> Dispenser is a medical facility that dispenses and interim quantity of a substance on an outpatient emergency basis (the quantity may not exceed a 48 hour supply).
<input type="checkbox"/> Dispenser or prescriber NEVER dispenses ANY controlled substances II, III, IV, or drugs of concern in the state of Kansas.
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.

For K-TRACS Staff Use Only		
<input type="checkbox"/> Approved	Director or Designee Signature	Date of Action
<input type="checkbox"/> Disapproved		
Notes:		

Please Note: Changes in dispenser status or Kansas Prescription Monitoring Program regulations may require dispensers to resubmit an exemption form.